FEC FORM 1

2015 · 07 · 24 · 08 · 00018080

STATEMENT OF **ORGANIZATION**

UNUN DELWERED

MECHIVEL
PEBERAL ELECTION
COMMISSION
PUBLIC DISCLISIONE
DIVISION

2015 JUL 24 PM 1: 11

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
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	<u> </u>						
ADDRESS (number and street)	220151 1/101+h	- Sitirieleiti IA	1. K				
(Check if address is changed)		1111111111					
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COMMITTEE'S E-MAIL ADDRESS							
(Check if address is changed) morrisison bourthell agmail com							
	Optional Second E-Mail Ad	ν					
		<u> </u>	 				
COMMITTEE'S WEB PAGE ADDRESS (URL)							
(Check if address is changed)							
		<u> </u>					
2. DATE 0.7	4 20 15						
3. FEC IDENTIFICATION NUMBER \blacktriangleright $C_0, 0, 5, 7, 7, 8, 6, 6$							
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)							
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer Diego Aponte							
Signature of Treasurer Date 0 7 2 4 2015							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100					

			OMMITTEE Committee: This committee is a principal campaign committee. (Complete the candidate information below.)
	(a) (b)	ildate	
	(b)		This committee is a principal campaign committee. (Complete the candidate information below.)
	Name		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Candid		Colienni Ivery
	Candid		Office State M.D.
	Party .	Affiliatio	on 15,4, Me Sought: Me House Senate President District 0,4
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candid		
	Party	y Com	mittee:
	(d)		This committee is a STA (National, State or subordinate) committee of the SEM (Democratic, Republican, etc.) Party.
	Politi	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	/h.)		committees/organizations, at least one of which is an authorized committee of a federal candidate.
,	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Comr	mittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number C
		3.	FEC ID number
		4.	FEC ID number C

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Write or Type Committee Name	
Nane	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership PAC Sponsor
Mailing Address	
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint F	undraising Representative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) books and records. 	and position of the person in possession of committee
Full Name Tiajiwan F. C. Hain	
Mailing Address 277,0151 1/101+161 151+1712121+	i N.W.
Was his nighton	20,00£-
Title or Position CITY	STATE ZIP CODE
	phone number 2017-5,69-7,671
Treasurer: List the name and address (phone number optional) of the treas any designated agent (e.g., assistant treasurer).	urer of the committee; and the name and address of
Full Name of Treasurer Diceigian Appointe	
Mailing Address 6301 Westwicew Dri	Nie I I I I I I I I I I I I I I I I I I I
[Atlanta:	STATE ZIP CODE
Title or Position	
Telep	phone number 9,1,4,-[7,65]-[250]7

2015-07-23-03-00015085

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

	Date of Receipt
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	Date of Receipt
Received from Senate Public Records Office	
	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
	Date of Receipt or Postmarked
Other (Specify):	
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\mathcal{M}	7/24/15
PREPARER	DATE PREPARED
(3/2015)	DATE FREPARED